

UNIT VICTIM ADVOCATE TRAINING



ARMY TASK FORCE ON SEXUAL ASSAULT RECOMMENDATIONS

- Create a policy focused on education, prevention, integrated victim support, appropriate action and timely reporting.
- Create comprehensive and sequential training
- Establish a program structure to provide support to sexual assault victims through Victim Advocates now referred to as Unit Victim Advocates (UVA) and Victim Advocate Coordinators hereafter referred to as Sexual Assault Response Coordinators (SARC)
- Establish a structured system for documentation, quarterly assessments, reporting and program improvement at all levels



ARMY SEXUAL ASSAULT TRENDS

- Most rape victims knew the alleged perpetrator
- Most incidents in the barracks or the victim's personal living area
- Most of the victims were intoxicated or drug impaired
- Most barracks rooms were unsecured
- Most victims delayed reporting
- Alcohol is often a common factor in date or acquaintance rape



UNIT VICTIM ADVOCATE (UVA) RESPONSIBILITIES (1/2)

- Unit Victim Advocates (UVA). UVA is one of two Soldiers who is appointed on orders by each Battalion level commander and trained to perform collateral duties in support of victims of sexual assault. UVAs are supervised in the performance of their duties by the SARC. The UVA will be an NCO (SSG or higher), or Officer (1LT/WO2 or higher). UVAs will—
 - When assigned by the SARC, provide crisis intervention, referral, and ongoing non-clinical support to the sexual assault victim. In the case of multiple victims, each victim should have a Victim Advocate (IVA or UVA). The victim alone will decide whether to accept the offer of victim advocacy services.
 - Report to and coordinate directly with the SARC or designated IVA when assigned to assist a victim of sexual assault.
 - Attend annual and ongoing training.
 - Inform victims of the options to use service providers (e.g., medical, legal, and chaplain) and resources available to victims.



UNIT VICTIM ADVOCATE (UVA) RESPONSIBILITIES (2/2)

- Provide support to the victim throughout the medical, investigative, and judicial process; however, a victim may opt to seek assistance without the presence or assistance of the UVA. The UVA will exercise sensitivity with regard to the victim at all times, but will not counsel the victim. The UVA will accompany the victim, at the victim's request, during investigative interviews and medical examinations. The UVA's mission is to support, assist and guide the victim through the process. The UVA is not to make decisions for the victim or to speak for the victim, or to interfere with the legitimate operations of medical, investigative and judicial processes.
- Safeguard documents pertaining to sexual assault incidents while in the possession custody of the UVA and protect information that is case related.
- Complete a report on sexual assault as prescribed by the SARC.



INSTALLATION VICTIM ADVOCATE (IVA) RESPONSIBILITIES (1/3)

- Installation Victim Advocates (IVAs). The IVA are DA civilian or contract employees trained to provide advocacy services to victims of sexual assault. The IVA reports directly to the Sexual Assault Response Coordinator (SARC) for sexual assault cases.
- Establish contact with each victim who alleges that an act of sexual assault occurred, if the victim is receptive to such contact.
- Be knowledgeable of services available to sexual assault victims on the installation as well as in the surrounding community. The IVA will maintain contact with agencies that provide such services, being knowledgeable of the location, telephone number, confidentiality policies and procedures for accessing service at these agencies. Guidance provided to victims must be accurate and comprehensive.
- Provide crisis intervention, referral, and ongoing emotional support to the sexual assault victims. Services will be non-clinical in nature. The victim has the right to independently determine whether to accept the offer of IVA services. The IVA must be sensitive to the needs of each victim and tailor services to meet those needs.



INSTALLATION VICTIM ADVOCATE RESPONSIBILITIES (2/3)

- Provide initial information to victims on their rights, to include the right to refuse services and explain the scope and limitations of IVA's role as an advocate.
- Accompany the victim, at the victim's request, during investigative interviews and medical examinations, unless the victim chooses not to utilize the IVA's services. The IVA will not make decisions for the victim, speak for the victim or interfere with the legitimate operations of medical, investigative and judicial processes.
- Coordinate activities with the SARC and as needed, with the Unit Victim Advocate, on a need-to-know basis, to ensure the best services are provided to victims and to avoid duplication of services.
- Provide status report to the SARC on a regular basis, as determined by the SARC or more frequently if the situation warrants, information on sexual assault issues and victims.



INSTALLATION VICTIM ADVOCATE RESPONSIBILITIES (3/3)

- Provide on-call services after normal duty hours to victims of sexual assault as needed. The SARC must be fully informed within 2 hours of the start of the next day of all activities that occurred during the on-call duty period.
- Provide education and training on the subject of sexual assault.
- Complete required reports on incidents of sexual assault, to include referrals to victim services. Provide sexual assault reports to the SARC for submission into the sexual assault incident reporting system.
- Safeguard documents and all information pertaining to victims of sexual assault while in possession of the IVA, always being mindful of the victims' right to confidentiality.
- Oversee, advise, and/or assist the UVA on performance of their duties as appropriate.



SEXUAL ASSAULT RESPONSE COORDINATOR (SARC) RESPONSIBILITIES

- Ensure overall local management
- Ensure data collection
- Ensure reporting to the chain of command
- Ensure victims receive support services
- Ensure services are available
- Train and certify
- Evaluate program effectiveness
- Maintain liaisons



POLICY AND DEFINITIONS

CONFIDENTIALITY/DATA COLLECTION



ARMY SEXUAL ASSAULT POLICY

Sexual assault is a criminal offense that has no place in the Army. It degrades mission readiness by devastating the Army's ability to work effectively as a team. Every Soldier who is aware of a sexual assault, should immediately (within 24 hours) report incidents of sexual assault. It is incompatible with the Army Values and is punishable under the Uniform Code of Military Justice (UCMJ) and other federal and local civilian laws.



ARMY SEXUAL ASSAULT POLICY

- Sexual assault is a criminal offense that is punishable
- Use training, education, and awareness to prevent sexual assault
- Promotes sensitive handling of victims of sexual assault
- Requires aggressive, timely and thorough investigations
- Hold those who commit sexual assault offenses accountable
- Treat all victims with dignity, fairness, and respect
- Create and promote a positive command climate



ARMY SEXUAL ASSAULT POLICY APPLIES

- Both on and off post
- During duty and non-duty hours
- To work, living and recreational environments



SEXUAL ASSAULT DEFINED

- Sexual assault is a crime
- Sexual assault is intentional sexual contact, characterized by use of force, physical threat, or abuse of authority, when the victim does not or cannot consent.
- Sexual assault includes rape, nonconsensual sodomy (oral or anal), indecent assault (unwanted, inappropriate sexual contact or fondling) or attempts to commit these acts.
- Sexual assault can occur without regard to gender or spousal relationship or the age of the victim.
- "Consent" shall not be deemed or construed to mean the failure by the victim to offer physical resistance. Consent is not given when a person uses force, threat of force, coercion or when the victim is asleep, incapacitated, or unconscious.



SEXUAL HARASSMENT

➤ Sexual harassment is a form of gender discrimination that involves unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature between the same or opposite genders when-

(1) Submission to, or rejection of, such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, career, or

(2) Submission to, or rejection of, such conduct by a person is used as a basis for career or employment decisions affecting that person, or

(3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile or offensive working environment.



SEXUAL HARASSMENT

- Any person in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of a soldier or civilian employee is engaging in sexual harassment. Similarly, any soldier or civilian employee who makes deliberate or repeated unwelcomed verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment.
- Physical Contact. Examples of physical contact may include touching, patting, pinching, bumping, grabbing, kissing, and providing unsolicited back or neck rubs. This is indecent assault which is a form of sexual assault and should be treated accordingly.



CONFIDENTIALITY

- Restricted reporting
- Unrestricted reporting
- Exceptions to confidentiality



CONFIDENTIALITY

TWO TYPES OF REPORTING

➤ Restricted Report

- Victim's choice
- Provide Information
 - Medical Treatment
 - Optional Forensic Exam
 - Evidence collection
 - Chaplain

➤ Unrestricted Report

- Victim's choice
- Provide Information
 - Medical Treatment
 - Forensic Exam
 - CID Investigation
 - Victim Witness
 - JAG
 - Chaplain



LIMITATIONS OF CURRENT ARMY DATA

- Disparate data systems
- Decentralization of data
- Different data elements within systems
- Minimal tracking data



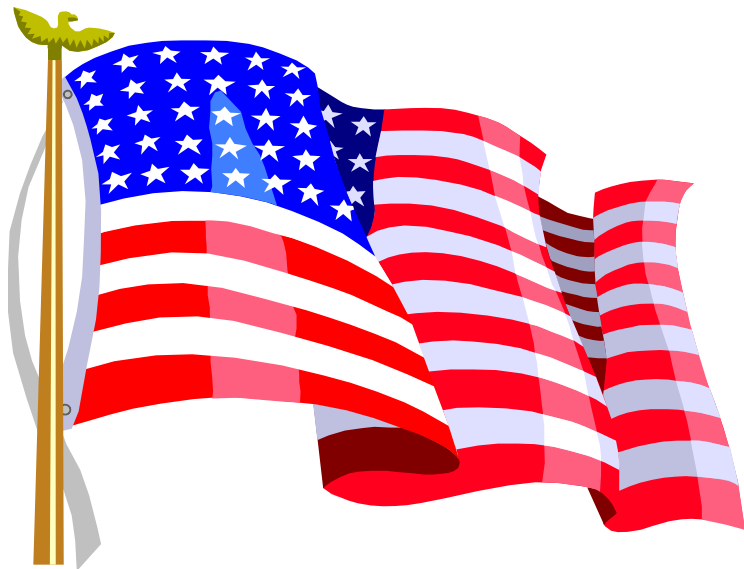
COLLECTING AND MAINTAINING DATA

- Establish a single comprehensive sexual assault incident reporting system
- Installation Sexual Assault Response Coordinator (SARC) authorized to collect data
- Unit Victim Advocates and Victim Advocates channel data to SARC
- Data rolled up through Sexual Assault Prevention and Response Office, Deputy Chief of Staff, Army G-1



SEXUAL ASSAULT DATA COLLECTION

- Reports include incidents of sexual assaults
 - In areas under Army control or jurisdiction
 - Reported to civilian and military law enforcement, investigative, medical, or social service agencies
 - Reported to Soldiers, DA Civilian and family members
- Timeliness is critical
- Updates on case progression and resolution required
- 45 day follow-up with victim after case officially closed



SUPPORTING THE VICTIM



SKILLS NEEDED TO SUPPORT THE VICTIM

- A DESIRE TO HELP
- AWARENESS OF YOUR BIASES
- AWARENESS OF THE ARMY CULTURE



TOOLS FOR SUPPORTING THE VICTIM

- The first contact
- Effective listening skills
- Knowledge of the process
- Knowledge of the resources
- Non judgmental attitude
- Willingness to be helpful
- Flexibility and sensitivity



INITIAL CONTACT

- “Clear the Deck”
- Introductions
- Establish rapport
- Begin with general topics and move to more specifics
- Observe for the victim’s safety
- Inform the victim of your role
- Evaluate and inform the victim of how you can be helpful
- Inquire if the victim desires your services



LISTENING

Seek first to UNDERSTAND, then to be Understood



LISTENING IS

- An active process
- A skill requiring practice
- Checking for understanding



LISTENING SKILLS

- Stop talking
- Engage in one conversation at a time
- Empathize with the person speaking
- Concentrate on what is being said



COMMUNICATION ROADBLOCKS

- Judging
- Jumping to conclusions
- Interrupting
- Directing
- Name calling
- Moralizing
- Persuading
- Asking the victim “**WHY**”
- **Showing your anger or other emotions**



COMMUNICATION ROADBLOCKS

- Being closed minded
- Not conveying respect
- Talking too much
- Having a short attention span
- Arguing semantics
- Conveying the appearance of listening
- Not recognizing cultural difference



- Do talk less, listen more
- Do allow the victim to vent and use their own words
- Do take responsibility for any miscommunication
- Do convey an atmosphere of helping



ISSUES TO BE EXPLORED

- Is the victim afraid now (this minute)?
- Explore victim support systems (family, friends)
- Any obvious issues that require attention?
- Is there an immediate need for a legal, medical, others?
- What are the victim's immediate desires?
- Help to restore a sense of order (make appointments, etc)



WHAT YOUR ROLE IS NOT

A MENTAL HEALTH PROFESSIONAL

A DOCTOR

A LAWYER

A CID AGENT

A COMMANDER

A CHAPLAIN



**#1 skill needed to be an effective
Unit Victim Advocate**



**Much success in your new role as a
Unit Victim Advocate
USAREUR SEXUAL ASSAULT HOTLINE
00 800 02772858
DSN: 371-3550
CIV: 06221-173550**



HEALTH CARE MANAGEMENT OF THE SEXUALLY ASSAULTED



THE ROLE OF THE UVA AT THE MTF

1. Identify yourself and your role to the admissions staff or head nurse
2. Privacy.....restrict your conversations/requests to admission staff or head nurse
3. SACP and SACC will be contacted by admissions staff or head nurse
4. Remain accessible to victim (with consent)



HEALTH CARE MANAGEMENT PROCESS AT THE MTF

- All sexually assaulted patients receive a uniform standard of care
 - Comprehensive
 - Timely
 - Appropriate, including follow-up
- The Sexual Assault Clinical Provider (SACP) is responsible for primary medical management
- The Sexual Assault Care Coordinator (SACC) monitors and tracks the care of sexually assaulted patients
- The SACP and the SACC
 - Assess immediate health care needs
 - Provide guidance to patient and UVA(with consent)



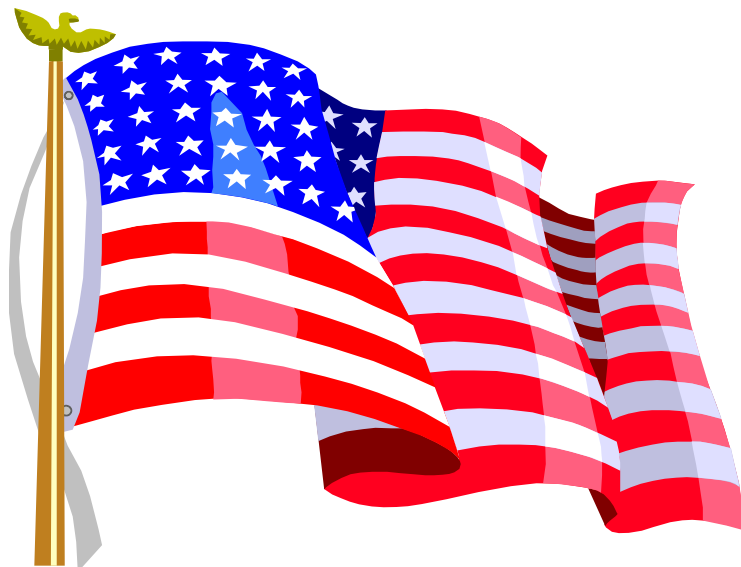
POSITIVES OF THE FORENSIC EXAMINATION PROCESS

- Return some control to the victim
- Assist recovery
- Facilitate diagnosis and treatment of physical injuries
- Provide assessment of emotional impact of the assault
- Address and manage any sexually transmitted diseases
- Collect physical evidence relevant to the assault for potential prosecution



THE STEPS OF THE MEDICAL PROCEDURES OF THE FORENSIC EXAMINATION

- Medical History
- “Current status” observation and examination
- Removal of clothes for examination
- Head/Hair examination and evidence collection
- Upper body examination and evidence collection
- Lower body examination and evidence collection
- Below the knee examination and evidence collection
- Genital/rectal examination
- Oral examination (if indicated by medical history)



COMMON RESPONSES OF MALE AND FEMALE VICTIMS



DEFINITION OF RAPE TRAUMA SYNDROME

- A pattern of acute physical and psychological stress reaction to rape that includes but is not limited to shock, denial, detached behavior, temporary paralysis of action



PHYSICAL RESPONSES TO RAPE TRAUMA SYNDROME

- Alarm
- Resistance
- Exhaustion



PSYCHOLOGICAL RESPONSES PHASES 1 AND 2

- Phase 1 (at the beginning of the assault)
 - Shock
 - Temporary paralysis
 - Denial

- Phase 2 (during the assault)
 - “Frozen fright”
 - Pseudo-calm detached behavior



PSYCHOLOGICAL RESPONSES PHASES 3 AND 4

- Phase 3 (after the assault)
 - Difficulty sleeping
 - Circular episodes

- Phase 4 (long term, months or years)
 - Restoration
 - Resolution
 - Integration



POST TRAUMATIC STRESS DISORDER

- Intrusive memories of the assault (flashbacks)
- Hypervigilance
- Avoidance, inability to concentrate
- Fears, nightmares
- Panic attacks, sweating, palpitations, hyperventilation
- Cognitive distortions, such as “all men are rapists”



DIFFICULTIES IN REPORTING

- Fear
- Embarrassment
- Disbelief
- Co-occurring offenses
- Weakness
- Reputation
- Lack of knowledge



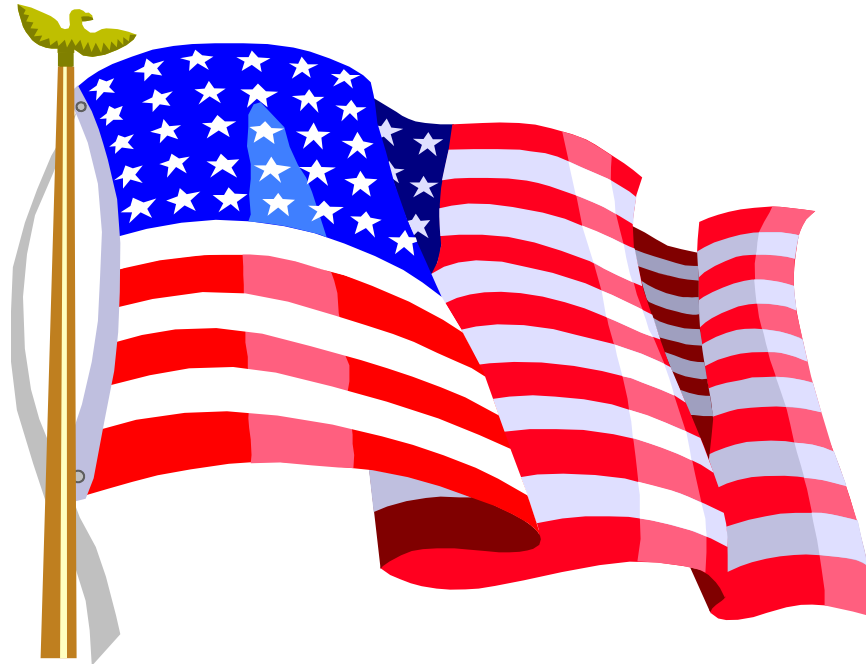
CHALLENGES OF MOBILIZATION AND DEPLOYMENT

- Presence of non- Army personnel
- Sharing of living quarters
- Different cultural norms
- Guard and Reserve training may vary
- Limited investigative personnel available



CHALLENGES OF MOBILIZATION AND DEPLOYMENT

- Report unauthorized personnel
- Soldiers need to provide face to face support
- Jurisdictional issues may make it hard to hold offenders accountable
- Inform Guard and Reserves of resources



RESOURCES



Support systems

Army Community Service
Criminal Investigative Division
Medical Treatment Facility
Installation Victim Advocate
Sexual Assault Response Coordinator
Chaplain
Mental Health Clinic
Legal Office
Army One Source
State Sexual Assault Coalition
National Organization for Victim
Assistance



Resources

- **The UVA CD contains copies of the official documents as they now stand along with additional resources and related websites**
- **For updated information on guidance, policy and forthcoming regulations check the following DoD sites**

Army Sexual Assault Prevention and Response Program Web Site

<http://www.sexualassault.army.mil/>

Army Hooah4Health website: Prevention: Sexual Assault

<http://www.4army.mil/ocpa/reports/index.html>



Resources

National Organization for Victim Assistance

- 202-232-6682; try.nova.org

Training Center 512-407-9020, ntcdsv.org

National Victim Center

703-276-2880

Violence Against Women's Office- Office of Justice Programs

<http://www.ojp.usdoj.gov/vawo/saresources.htm>

Effective Helping, Okun, B

Intentional Interviewing Facilitating Client Development In
a Multicultural Society, Ivey, A.E.

Interviewing & Diagnostic Exercises, Berman, Pearl



Resources

Sexual Assault Hotlines

- **National Sexual Violence Resource Center**
877-739-3895 (toll free)
(24 hour access to information, resources, and research regarding sexual assault)
- Rape, Abuse & Incest National Network (RAINN)
635-B Pennsylvania Avenue, SE
Washington, DC 20003
800-656-HOPE
(Note: This number will connect you to your local rape crisis center.)



Resources

VAW Publications

- **What Communities, State and Local, Can Do**
: Promising Practices and Model Programs for Law Enforcement, Practitioners, and Victim Advocates.
- **Fiscal Year 2002 Legal Assistance for Victims (LAV) Grant Recipients' Policy Guidebook**
Developed for LAV grantees, this guidebook contains LAV statutory language to which all LAV grantees must adhere and promising practices for victim service agencies and legal service providers to enhance delivery of quality comprehensive legal services to victims of domestic violence, sexual assault, and stalking.



Resources

- Sexual Assault Nurse Examiner (SANE) Programs: Improving the Community Response to Sexual Assault Victims (OVC - April 2001) Describes the SANE program, designed to improve sexual assault medical evidentiary exams, and its value to victims and their communities. Information and resources to encourage individuals and agencies to explore starting a SANE program are provided



Resources

Publications from Office of Justice Programs

An Evidence-Based Review of Sexual Assault Preventive Intervention Programs. NIJ-Sponsored, 10/2004, NCJ 207262.

Rohypnol Fact Sheet. ONDCP, 2/2003, NCJ 193976.

Victim-Oriented Multidisciplinary Responses to Statutory Rape Training Guide. OVC, 2000, NCJ 178237.

Rape Prevention Through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention. NIJ-Sponsored, 2/2005, NCJ 208701.